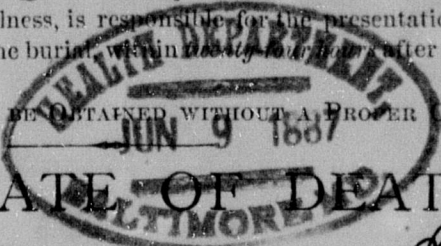


# Board of Health, City of Baltimore,

Permit No. A 271 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Blake

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, — Months, — Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 14 Days

Place of Death, { Give street and Number. } On Board Schooler Brethren

Cause of Death, { First, (Primary.) } Diphtheritic Group

{ Second, (Immediate.) } Acute Prostration

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Deepwell Cemetery

Date of Burial, June 10

Undertaker, Augustus D. Dyer

Place of Business, 163 E. Pratt St.

Address, 307 N. Main St.

Medical Attendant, W. B. Ash

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Handwritten signature: W. B. Ash*

[OVER]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to the

# Health Department, City of Baltimore.

Permit No. 272 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7 4 11 P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 2 Months, — Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1030 Bowers Court

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis  
Scrophulous inflam knee joint

Duration of Last Sickness, Obvious exhaustion 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10<sup>th</sup> 1887

Undertaker, Neaton & Brown A. H. Barton M. D.

Place of Business, 748 Sarah Ann St Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the

## Health Department, City of Baltimore.

Permit No. **A 273**

Office of Registrar of Vital Statistics

Ward **19**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

**June 8<sup>th</sup> 1887**

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

**Bertie Stern**

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line.

Age,

**4**

Years,

Months,

Days.

Color,

**White**

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

**Baltimore County**

Duration of Residence in the City of Baltimore,

**3 years**

Place of Death,

{ Give Street and Number.

**532 W. Mount Vernon**

Cause of Death,

{ First (Primary),

Second (Immediate),

**Whooping Cough  
Diphtheria**

Duration of Last Sickness,

**About 10 days -**

All the above information should be furnished by the Physician.

Place of Burial,

**Old Shalom Cemetery**

Date of Burial,

**June 9**

**W. R. McKim**

M. D.

Undertaker,

**Isaac Shrens**

Medical Attendant.

Place of Business,

**626 W. Baltimore**

Address, **1401 Linden Av**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 274 Office of Registrar of Deaths 8<sup>th</sup> Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry & Margaret Schultze (Parents)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,                      Years,                      Months, 4 Hours

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,                     

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 1026 N Front st

Cause of Death, { First (Primary), Second (Immediate), } Premature birth  
Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, June 9<sup>th</sup> 1887

{ Undertaker Armstrong & Denny M. D. James H. Murray

{ Place of Business, Light & Heavy Address, Congress St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M Hewen Inspector

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 275 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Rebecca Booth

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 8 Months,  Days

Color, R

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore MD

Duration of Residence in the City of Baltimore, Long life

Place of Death, { Give Street and Number. } 816 N. Howard

Cause of Death, { First (Primary), Second (Immediate), } Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial,  Laurel Cemetery

Date of Burial, June 8<sup>th</sup> 1887

Undertaker, John E. Grace Dr. Brinsey M. D.

Place of Business, 313 S. Caroline St Address, 1220 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **276** Office of Registrar of Vital Statistics.

Ward **5<sup>a</sup> 7**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ <sup>twenty-four</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 7<sup>th</sup> 1887**

Full Name of Deceased, **Sarah S. Johnson,** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Female,** { Cross out the word not required in this line. }

Age, **6** Years, **8** Months, **a** Days.

Color, **Colored**

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, **Baltimore.**

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **6 years & 8 months**

Place of Death, { Give Street and Number. } **\* 431 Short Street.**

Cause of Death, { First (Primary), Second (Immediate), } **Phthisis Pulmonalis, Exhaustion, One year.**

Duration of Last Sickness, **One year.**

All the above information should be furnished by the Physician.

Place of Burial, **48 Cong & Cemetery**

Date of Burial, **June 9 1887**

{ Undertaker, **William H. Singer** } **Samuel B. Powell** M. D. Medical Attendant.

{ Place of Business, **150 East St** } Address, **429 Asquith St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

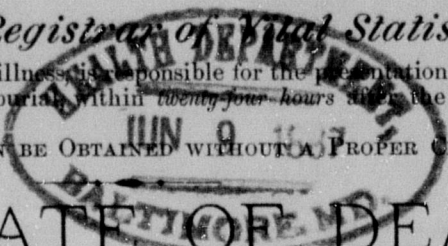


The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases.

# Health Department, City of Baltimore.

Permit No. A 277 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 8 1887

Full Name of Deceased, Hattie C. Hudson  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, Married  
{ Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, Kent Co. Md.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 years

Place of Death, 309 Mulberry St  
{ Give Street and Number. }

Cause of Death, Natural  
{ First (Primary), Second (Immediate), } Peritonitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, June 10th 1887

{ Undertaker, M. Cadogan } J. H. Wiley M. D. Medical Attendant.

{ Place of Business, 227 Mulberry St } Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 278 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Nazitiki

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } \* 837 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonsen

Date of Burial, July 9

{ Undertaker, W. D. [unclear] John H. Rehberger M. D. Medical Attendant.

{ Place of Business, 151 S. Bond St Address, 1709 Alice Armistead

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



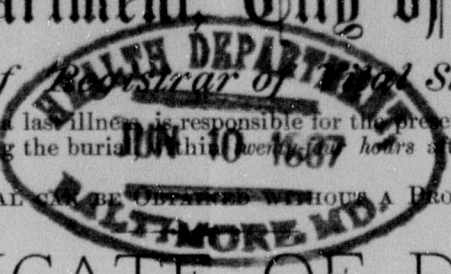
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 279 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 8th, 1887.  
Full Name of Deceased, Joseph Heisly  
Sex, Male or Female, Male  
Age, 5 Years, 5 Months, 0 Days.  
Color, White  
Married, Single, Widow or Widower, Single  
Occupation, ✓  
Birth Place, City Since Birth  
Duration of Residence in the City of Baltimore, Since Birth  
Place of Death, 1913 Alice Anna h  
Cause of Death, Erysipelas of right arm  
vitiated blood  
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.  
Place of Burial, Mount Carmel Cemetery  
Date of Burial, June 10th 1887  
Undertaker, Wm. Nicolaus John H. Rehberger M. D. Medical Attendant.  
Place of Business, 1715 Alice Anna h Address, 1709 Alice Anna h

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.  
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  
[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 280 Office of Registrar of Vital Statistics. Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anastasia Egan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 3 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 202 S. Stricker

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Cemetery

Date of Burial, Jun 9

Undertaker, J.B. Cook Robt. H. Holiday M. D.

Medical Attendant.

Place of Business, 1003 W. Baltimore Address, Carroll B. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]